

**University of Nebraska at Omaha  
Alcohol Service Request Form**

Name of Event: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Sponsoring Organization or Person: \_\_\_\_\_

Name and title of sponsor's representative who will also attend this event:

\_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time of Event (starting & ending): \_\_\_\_\_

Event Location: \_\_\_\_\_ Number of persons expected to attend: \_\_\_\_\_

Are guests under 21 expected? \_\_\_\_\_ Will non-alcoholic beverages be served? Yes \_\_\_ No \_\_\_

Will food be served? Yes \_\_\_ No \_\_\_ What type of food function is planned: \_\_\_\_\_

What type of bar is planned: Wine & Beer, Full Bar \_\_\_\_\_

Who will be responsible for the service of alcoholic beverages? \_\_\_\_\_

Will alcohol be served at a "host bar" (no charge, no "tickets" for drinks) Yes \_\_\_ No \_\_\_

How will you ensure that minors will not be served or consume alcoholic beverages?

\_\_\_\_\_

The following persons certify that the above mentioned event satisfies all institutional policies on the service of alcoholic beverages, all local ordinances and the Nebraska Liquor Control Act. Please sign and date below:

\_\_\_\_\_  
Sponsor's Representative                      Date

\_\_\_\_\_  
Facility Administrator                      Date

\_\_\_\_\_  
Dean or Director                      Date

\_\_\_\_\_  
Asst. Vice Chancellor for Business & Finance - Date  
or Designee

Please return completed form to Andrew Sullivan, Director of Auxiliary Services:  
[andrewsullivan@unomaha.edu](mailto:andrewsullivan@unomaha.edu) or Milo Bail Student Center, Suite 216F

Request Approved \_\_\_ Request Denied \_\_\_ Date: \_\_\_\_\_